

## Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

Sir,

**Tetracycline treatment for non-specific urethritis**

Mr Simopoulos (1977), having drawn attention to the divergent views held regarding the value of tetracycline treatment in non-specific urethritis (NSU), states that these incompatible views suggest that the whole system of investigation devised to validate these views is inappropriate. He suggests criteria which he believes would allow effective evaluation of treatment. These criteria have been in use for many years in this clinic. However the long follow-up was shown to be unnecessary in a study (Fowler, 1970) in which the follow-up was not the one year Mr Simopoulos finds so admirable, but three years, and the long-term findings proved of no help in assessing treatment.

Most of the criteria suggested by Mr Simopoulos were necessary in the past when the aetiology and the natural course of NSU were obscure and we needed treatment for the condition as a whole. It is questionable whether such an approach is still valid. It may be more helpful to try to distinguish the cases in which there is a marker—such as *Chlamydia trachomatis*, *Trichomonas vaginalis*, or the herpes simplex virus—or some other identifiable feature. In this way we may explain the apparently irreconcilable findings that led Weston (1965) to suggest that allergy may have an important aetiological role, Grimble and Amarasuriya (1975) to postulate mixed infections, and Evans (1977) to implicate psychological factors.

**References**

- Evans, B. A. (1977). The role of tetracyclines in the treatment of non-specific urethritis. *British Journal of Venereal Diseases*, 53, 40-43.  
Fowler, W. (1970). Studies in non-gonococcal urethritis therapy. The long-term value of tetracycline. *British Journal of Venereal Diseases*, 46, 464-468.  
Grimble, A. S., and Amarasuriya, K. L. (1975). Non-specific urethritis and the tetracyclines. *British Journal of Venereal Diseases*, 51, 198-205.  
Simopoulos, J. Ch. (1977). Tetracycline treatment for non-specific urethritis. *British Journal of Venereal Diseases*, 53, 230-232.

Weston, T. E. T. (1965). An allergic basis for non-specific urethritis. *British Journal of Venereal Diseases*, 41, 107-116.

Yours faithfully,

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TO THE EDITOR, *British Journal of Venereal Diseases*

Sir,

In his paper (Simopoulos, 1977) Mr Simopoulos questions our arithmetic concerning the number of defaulters in the first week of surveillance. Perusal of the fourth columns of Tables II and III of our paper (Masterton and Schofield, 1972) will confirm that our statements concerning last attendances before subsequent default are correct:

Day	Subsequent default (Table II) (Table III)	
2	16	17
4/5	3	12
8	4	8
Totals	23	37

We fail to see how these figures could be taken to 'incline the reader to caution' in accepting our results.

Mr Simopoulos also chides us for not having used a placebo in the trial. We do not believe it ethical to deny treatment to patients who have a potentially sexually transmissible disease with known complications. We always use the results of our previous drug trials, in all of which the same protocol was used, as controls for our current drug trial. The results are therefore comparable.

**References**

- Masterton, G., and Schofield, C. B. S. (1972). Doxycycline HCl (Vibramycin) as a single dose oral treatment of gonococcal and nonspecific urethritis in men. *British Journal of Venereal Diseases*, 48, 121-125.

Simopoulos, J. Ch. (1977). Tetracycline treatment for non-specific urethritis. *British Journal of Venereal Diseases*, 53, 230-232.

Yours faithfully,

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TO THE EDITOR, *British Journal of Venereal Diseases*

Sir,

The paper by Simopoulos (1977) deserves comment. We agree that there are flaws, some of them serious, in studies which have been carried out to determine the effectiveness of tetracyclines in the treatment of non-specific urethritis. However, the author concludes among other points that studies should be placebo-controlled and should have a prolonged follow up period. There is no doubt that tetracycline treatment is effective, at least over the short term. Placebo-controlled studies in the past (Csonka, 1965), including those that have taken into account the microbiological aspects (Holmes *et al.*, 1967; Prentice *et al.*, 1976), have shown this to be so. It is therefore clear that to deny treatment to patients in a placebo-controlled study would now raise severe ethical problems. Furthermore, the sexual activity of patients cannot be accurately monitored over a long period unless there are most unusual circumstances (for example, aircraft carriers, Antarctica). There is, therefore, no question that it is difficult, indeed impossible, to judge the results of treatment over a long time, since reinfections are not only prone to interfere (Lassus *et al.*, 1971), but do. It seems to us that these factors are vital in the interpretation of any antibiotic study. We do not believe that the author's criticism of other workers' studies helps to reveal anything that is not already appreciated, and we feel that in his comments about placebos and follow-up he shows a remarkable lack of appreciation of the problems.